



WISCONSIN PUBLIC RECORDS LAW REQUEST

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 EMAIL: LICENSE@MILWAUKEE.GOV

PUBLIC RECORDS LAW - SECTIONS 19.31 to 29.39, Wis. Stats.

License Division
City of Milwaukee
Open Records Policy

The License Division of the Office of the City Clerk is located in Room 105, City Hall. It is responsible for records of license applications for over one hundred City of Milwaukee licenses.

The City Clerk has designated the License Division Manager legal custodian of all records generated by and/or held by the Division. The License Division Manager has designated the following positions as deputy legal custodians of records maintained in Room 105:

DEPUTY CUSTODIANS

LICENSE COORDINATOR JANE JANSEN
LICENSE COORDINATOR PATRICIA PROFFITT
LICENSE DIVISION ASSISTANT MANAGER RICHARD PFAFF

LICENSE RECORDS LOCATION

License Division
200 E. Wells St, Room 105
CITY HALL
Milwaukee, WI 53202
Phone: (414) 286 – 2238
Fax: (414) 286 - 3057

Persons requesting these records may complete a request for access to public record form located on the next page describing the specific records sought. Request should be faxed, mailed, or made in person at the License Division between 8:00 AM and 4:30 PM daily, except weekends and legal holidays. Requests that require lengthy staff time for retrieval must be made by prior arrangement as an appointment. Social Security numbers written on documents which are otherwise available for review will not be provided.

Cost for locating records will be charged to the requestor if they exceed \$50.00. Prepayment may be required. A charge of five cents for single copy and five cents per copy thereafter will be collected for copying of any records. An additional \$1.30 per copy will be charged for certified copies.



**City
of**

Milwaukee

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OFFICE OF THE CITY CLERK LICENSE DIVISION
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Telephone: (414) 286-2238 Fax: (414) 286-3057
EMAIL: LICENSE@MILWAUKEE.GOV

(Requests should be faxed, mailed, or made in person at the License Division):

DATE THIS REQUEST PREPARED: _____

DESCRIPTION OF THE PUBLIC RECORD(S) TO BE INSPECTED AND/OR A COPY MADE:
REQUESTER, PLEASE NOTE: Under Wisconsin law a request for access to a public record is deemed sufficient if it reasonably describes the requested record or the information requested. However, a request for a record without a reasonable limitation as to subject matter or length of time represented by the record does not constitute a sufficient request." See s. 19.35(l)(h), Wis. Stats. _____

PLEASE NOTE: Under Wisconsin law a request for access to a public record may not be refused "because the person making the request is unwilling to be identified or to state the purpose of the request." See s. 19.35(1) (1), Wis. Stats. You are being asked to provide the information called for below on a **voluntary** basis. You must provide contact information **if making your request by fax or mail.**

Requester Name/Contact Person: _____

Address: _____

Phone Number: _____ Fax Number: _____

Purpose of Request: _____

Cost per copy: 5 cents per page

TO BE COMPLETED BY LEGAL CUSTODIAN OF RECORD REQUESTED OR DEPUTY

DATE AND TIME REQUEST RECEIVED _____ MEANS OF DELIVERY TO CUSTODIAN _____

ACTION TAKEN: ☐ REQUEST APPROVED IN WHOLE ☐ REQUEST APPROVED IN PART* ☐ REQUEST DENIED*

DATE AND TIME REQUEST COMPLIED WITH: _____

DATE AND TIME REQUEST DENIED: _____

AMOUNT OF FEE IMPOSED ON REQUESTER: _____

NAME AND TITLE OF LEGAL CUSTODIAN OR DEPUTY ACTING ON REQUEST: _____

*ATTACH COPY OF ANY WRITTEN STATEMENT OF DENIAL BY LEGAL CUSTODIAN OR DEPUTY.